

## **XII. Habilitation and Rehabilitation Services**

### **Comprehensive Medical Habilitation and Rehabilitation Services**

#### **Habilitation Services**

Habilitation defines the coordinated use of medical, social, educational, and vocational measures to train individuals born with limitations in functional ability. This contrasts with retraining people who have lost abilities due to disease or injuries, which involves rehabilitation.

The Blair E. Batson Children's Hospital (BEBCH) at the University of Mississippi Medical Center serves as the primary facility in Mississippi providing both habilitation and rehabilitation services for physically and developmentally disabled children, adolescents through 20 years of age, and since January 2002, adults. The hospital contains 98 beds, 25 of which are licensed as comprehensive medical rehabilitation inpatient beds.

#### **Rehabilitation Services**

Forty-seven Mississippi certified rehabilitation agencies offer various services, such as physical therapy, speech therapy, and social services, on an outpatient basis. Other facilities offer comprehensive medical rehabilitation (CMR) services, defined as intensive care providing a coordinated multidisciplinary approach to patients with severe physical disabilities that require an organized program of integrated services. Level I facilities offer a full range of CMR services to treat disabilities such as spinal cord injury, brain injury, stroke, congenital deformity, amputations, major multiple trauma, polyarthritis, fractures of the femur, and neurological disorders, including multiple sclerosis, cerebral palsy, muscular dystrophy, Parkinson's Disease, and others. Level II facilities offer CMR services to treat disabilities other than spinal cord injury, congenital deformity, major multiple trauma, brain injury, and neurological disorders.

Seven hospital-based units offer Level I CMR services and five hospital-based units offer Level II limited CMR services; three additional hospitals have received CON authority to provide Level II CMR services. Mississippi's Level I CMR units are located at North Mississippi Medical Center in Tupelo, Baptist Memorial Hospital-DeSoto in Southaven, Delta Regional Medical Center in Greenville, Mississippi Methodist Rehabilitation Center in Jackson, Forrest General Hospital in Hattiesburg, Memorial Hospital at Gulfport (MHG), and University Hospital and Clinics in Jackson.

Level II CMR units are located at Greenwood Leflore Hospital at Greenwood, Natchez Regional Health Systems in Natchez, Riley Memorial Hospital in Meridian, River Region Health Systems in Vicksburg, and Southwest Mississippi Medical Center in McComb. Baptist Memorial Hospital-North Mississippi in Oxford, Northwest Mississippi Regional Medical Center in Clarksdale, and Magnolia Regional Medical Center in Corinth have received CON authority to provide Level II CMR services. Tables XII-I and XII-II list bed capacity, discharges, average lengths of stay, and occupancy rates of Mississippi's Level I and Level II comprehensive medical rehabilitation units, respectively. Map XII-1 at the end of this chapter shows the location of these units. Table XII-III outlines the need for CMR beds.

Table XII-I  
**Hospital-Based Level I CMR Units**  
**FY 2002**

Facility	Number of Beds	Number of Discharges	Average Length of Stay	Occupancy Rate
Baptist Memorial Hospital-DeSoto	30	390	13.44	47.93
Delta Regional Medical Center	32*	405	12.49	86.46
Forrest General Hospital	20	337	15.71	72.04
Memorial Hospital at Gulfport	33	418	16.24	56.59
MS Methodist Rehab. Center	80**	2,105	14.51	67.03
North Mississippi Medical Center	60***	676	13.01	80.00
University Hospital and Clinics	25	22	25.59	6.17
<b>TOTALS</b>	<b>280</b>	<b>4,353</b>	<b>14.31</b>	<b>61.61</b>

Source: Application for Renewal of Hospital License for Calendar Year 2003.

\* 16 beds CON approved but not staffed; calculations based on 16 beds.

\*\*MMRC calculated with 124 beds. CON approval reduced licensed CMR bed capacity by 44 beds, from 124 to 80.

\*\*\*30 beds CON approved but not yet set-up and staffed; calculations based on 30 beds.

Table XII-II  
**Hospital-Based Level II CMR Units**  
**FY 2002**

Facility	Number of Beds	Number of Discharges	Average Length of Stay	Occupancy Rate
Baptist Memorial Hospital-N MS	13	CON	CON	CON
Magnolia Regional Medical Center	13	CON	CON	CON
Northwest MS Reg. Med. Center	14	CON	CON	CON
Greenwood Leflore Hospital	20	116	14.15	22.75
Natchez Regional Medical Center	20	233	11.83	37.58
Riley Memorial Hospital	20	268	13.21	49.41
River Region Health Systems	25	347	13.57	50.86
Southwest MS Medical Center	20	274	11.82	44.33
<b>TOTAL</b>	<b>145</b>	<b>1,238</b>	<b>12.83</b>	<b>41.45</b>

Source: Application for Renewal of Hospital License for Calendar Year 2003.

## **Rehabilitation Reimbursement**

Medicare significantly changed the methodology used to reimburse inpatient rehabilitation services on or about July 1, 2001. The new reimbursement system makes payments based on a patient's diagnostic classification. This payment methodology resembles the diagnostic related groups (DRG) reimbursement system used for medical/surgical hospitals.

Rehabilitation facilities usually have patient mix populations of more than 50 percent Medicare. With the strict controls and regulations of the Medicare program, a facility may have large disallowances of Medicare billings. Such disallowances can damage a facility's cash flow position – especially if it cannot pass the costs on to other payors and must write them off as charity care. Despite this problem, however, no indications exist that Medicare patients are hindered in obtaining inpatient rehabilitation services.

A different situation exists for patients who must depend solely on Medicaid coverage. Medicaid limits adult patients to 30 days of inpatient hospital stay per year. A 30-day inpatient stay for long-term rehabilitative care would leave no eligible days for an acute care hospital stay should the need arise.

Mississippi's Medicaid program allows unlimited hospital days for eligible persons under the age of 21 that physicians identify as requiring medically necessary diagnostic and treatment services, including habilitation and rehabilitation. The state program implemented this change in 1990, following congressional legislation to ensure the availability of early and periodic screening, diagnosis, and treatment (EPSDT) services for Medicaid-eligible children.

## **Other Habilitation and Rehabilitation Providers**

### **Comprehensive Outpatient Rehabilitation Facilities (CORF)**

The acronym “CORF” is a Medicare reimbursement term. Comprehensive Outpatient Rehabilitation Facilities actually operate under various names and may be public or private institutions and non-profit or for-profit. They provide diagnostic, therapeutic, and restorative services to outpatients and meet specified federal Medicare conditions of participation. Medicare certified CORFs provide physician services, physical therapy, occupational therapy, respiratory therapy, prosthetic/orthotic services, psychological services, rehabilitation nursing, speech pathology, and social work/counseling. CORFs have the ability to carry out a treatment plan for each patient under one roof, ensuring timely and cost-effective treatment. Nineteen Medicare-certified CORFs operate in Mississippi.

### **Mississippi State Department of Health Children's Medical Program**

The Children's Medical Program (CMP) provides specialized medical care to children with physical disabilities who meet program eligibility and income requirements. The program helps children from birth to age 21 who have such conditions as:

- orthopedic problems
- congenital problems requiring plastic surgery
- congenital defects of the nervous system
- congenital heart defects

- congenital intestinal, urinary system, and genital organ defects requiring surgery
- seizure disorders
- genetic screening follow-up
- cleft lip/cleft palate
- other birth defects amenable to treatment
- other conditions as determined on a need basis

CMP offers clinic services, hospitalization, and corrective services plus special help for patients with hemophilia, cystic fibrosis, sickle cell anemia, and adrenoleukodystrophy. CMP provides counseling regarding nutritional needs and social services and attempts to make appropriate referrals for services the program does not offer.

The Children's Medical Program operates field clinics in sites throughout the state, located in areas with easy access to medical facilities and physicians. CMP conducts most of the clinics in Health Department facilities or in facilities leased for this purpose. Field clinics provide a variety of services including orthopedics, neurology, cardiology, genetics, myelomeningocele, and specialty clinics for cleft lip/cleft palate patients. Health Department personnel and contract physicians in specialty areas staff the clinics. Because of these clinics, patients may receive surgery or other inpatient services in the local community. In certain complex cases where the patient requires multidisciplinary care, doctors may refer the patients to tertiary care centers.

### **First Steps Early Intervention System for Infants and Toddlers with Disabilities**

The Mississippi State Department of Health serves as the lead agency for the First Steps Early Intervention System for Infants and Toddlers with Disabilities. This interagency program coordinates services among many agencies to help meet the developmental needs of young children with mental or physical conditions causing disability. The system follows the design of federal regulations under Part C of the Individuals with Disabilities Education Act. In September 1994, Mississippi used federal and state agency funds to fully implement the statewide system as an entitlement for children with disabilities and their families.

State and federal laws mandate this seven-agency collaborative system to identify all children with developmental needs and to provide services for them and their families. As the lead agency, MSDH serves as the single point of intake for the system and coordinates services through 55 positions distributed according to need in all nine public health districts. District early intervention system coordinators supervise these service coordinators and work to maintain and expand the service provider network through local interagency coordination councils.

A database of all children referred to the system supplies service tracking, monitoring, and demographic information used for resource allocation. Early intervention services are provided by individual private providers, agencies, and local programs. MSDH serves as the payor of last resort to reimburse providers for needed services if no other payment source was identified and if families cannot afford to pay.

### **Early Hearing Detection and Intervention in Mississippi**

Early Hearing Detection and Intervention in Mississippi (EHDI-M) functions as part of the First Steps Infant and Toddler Early Intervention Program. EHDI-M seeks to ensure that all Mississippi neonates born with a congenital hearing impairment are identified through an appropriate

hearing screen testing prior to hospital discharge. The EHDI-M program strives to provide appropriate family-centered diagnostic audiological assessment/evaluation and amplification to ensure that all hearing impaired infants receive developmentally appropriate early intervention in accordance with parents' informed choice.

### **Mississippi Department of Rehabilitation Services**

The Mississippi Department of Rehabilitation Services (MDRS) divides its operations into the Office of Vocational Rehabilitation, Office of Vocational Rehabilitation for the Blind, Office of Special Disability Programs, Office of Disability Determination Services, and Office of Support Services.

#### **Office of Vocational Rehabilitation**

The Office of Vocational Rehabilitation (OVR) assists physically or mentally disabled individuals of employment age who meet the following criteria: (1) the individual must have a physical or mental impairment that substantially hinders employment; and (2) the individual must have the potential of getting and keeping a job as a result of vocational rehabilitation. No financial criteria for acceptance exist. OVR provides the services necessary to help eligible individuals achieve employment. Once eligibility has been established, the client and counselor develop an Individual Plan for Employment (IPE). Services include vocational evaluation, personal and work adjustment, educational assistance, assistive technology, physical restoration, and job placement— all designed to enhance employability for the client.

Several federally funded grant programs offer a number of specialized vocational rehabilitation service programs through the OVR. The Mississippi Partners for Informed Choice (M-PIC) program provides all SSA beneficiaries with disabilities (including transition-to-work aged youth) access to benefits planning and assistance services. The M-PIC program enables SSA beneficiaries with disabilities to make informed choices about work. Project START ensures the provision of appropriate technology-related services for Mississippians with disabilities by increasing the awareness of, and access to, assistive technology and by helping the existing service systems to become more consumer responsive, so that all Mississippians with disabilities will receive appropriate technology-related services and devices. Through specialized programs and grants, OVR also provides services that maximize the ability of each individual to participate in the community.

OVR operates Allied Enterprises, a statewide system of community rehabilitation programs, to provide clients vocational assessment, adjustment services, job training, and actual work experience. An Employability Skills Training Program, housed at Allied, works with the OVR counselor to help clients with job readiness skills, resume writing, interviewing techniques, and arranging real interviews or job tryout situations. The office has developed a statewide job development and placement program designed to enhance employment outcomes for clients.

OVR provides assistive technology specialists trained in barrier removal, accessibility laws and guidelines, job site modification, and specific assistive devices. These personnel assist employers, clients, service providers, and other interested parties to help persons with disabilities access their environment.

OVR employs rehabilitation transition counselors to work directly with secondary education students to help make the transition from high school to work. The Supported Employment (SE)

program also offers specialized training and support services for the most severely disabled who have not attained competitive employment.

### The Office of Special Disability Programs

The Office of Special Disability Programs (OSDP) provides services designed to assist individuals with the most severe disabilities. The Independent Living Services, offered through OSDP, provides these individuals with long term intensive support services designed to maintain their independence at home or in the community. MDRS receives federal grant money through the Title VII Independent Living Program to assist clients. Fifteen counselors specializing in Independent Living work to provide medical equipment, home modifications, vehicle modification, and other related services in order to help clients remain in or return to mainstream society. During 2002, these counselors served 1,939 individuals with severe disabilities.

The State Legislature created the State Attendant Care Program, within OSDP, to provide personal care services for people who are severely disabled. An attendant assisting in the home may provide a person the ability to live more independently, to become employable, or to become sufficiently independent to enable other family members to work. In some cases, attendant care means the difference between a person being able to live at home or being institutionalized. In the long-term, this service is far less expensive than nursing home care and allows families to remain intact and functional.

In 1994, the Independent Living Waiver, a home and community based program, was implemented through a cooperative agreement with the Mississippi Division of Medicaid. MDRS provides the state funds to match the federal share from the U.S. Department of Health and Human Services and the Center for Medicare and Medicaid Services (CMS). This program allows MDRS to provide personal care services to individuals who are severely orthopedically and/or neurologically impaired and who would otherwise be at risk of nursing home placement. MDRS obtained a five-year renewal of this program beginning July 1, 1997. In April 2000, MDRS received approval from CMS to expand this program from a recipient limit of 180 to 450 individuals during FY 2001 and 650 during FY 2002.

The Traumatic Brain Injury and Spinal Cord Injury Trust Fund Program (TBI/SCI) were established by the 1996 Legislature. The goal of this targeted program is to enable individuals who are severely disabled by spinal cord injury or traumatic brain injury to resume activities of daily living and to reintegrate into the community with as much dignity and independence as possible. Collection of monies for the TBI/SCI Trust Fund began in July 1996. These funds are generated by assessment and surcharges on moving traffic violations and violations of the Implied Consent Law. Authorization for the expenditure of the Trust Fund monies was approved during the 1997 Legislative session, and direct services began July 1, 1997. During 2002, these funds were used to provide an array of services to more than 568 individuals with TBI/SCI. Specific details of this program are provided in the TBI/SCI Trust Fund Annual Report to the Legislature.

The Traumatic Brain and Spinal Cord Injury Waiver is a home and community-based services program that is a partnership with the Mississippi Division of Medicaid. MDRS received approval from CMS in 2001 to implement the waiver. The program utilizes matching dollars from the Spinal Cord and Head Injury Trust Fund to match federal dollars to extend services to more individuals, specifically those with traumatic brain and spinal cord injuries. During FY 2002, 90 individuals received services through the TBI/SCI waiver.

## Office of Disability Determination Services

The Office of Disability Determination Services (DDS) determines medical eligibility of applicants for Social Security Disability Insurance and Supplemental Security Income (SSI) Disability to receive the assistance provided through these programs. DDS bases its decisions on medical reports and the criteria, standards, and regulations established by the U.S. Social Security Administration.

## Office of Vocational Rehabilitation for the Blind

The Office of Vocational Rehabilitation for the Blind (OVRB) provides an array of specialized services to blind and visually impaired adults in Mississippi. These services include vocational and psychological evaluation, physical restoration, personal adjustment/independent living training, transportation, college training, aids and appliances, counseling and guidance, supported employment, and job placement. Mississippi's per capita incidence of blindness exceeds that of the nation – with an estimated 50 percent of such vision loss being preventable – a fact that enhances the value of the OVRB program.

OVRB cooperates with various facilities to offer services. Examples include: Addie McBryde Rehabilitation Center, which primarily trains clients in adaptive skills for independent living; Allied Personal Adjustment Center (APAC) of Tupelo, which offers in-depth diagnostic and evaluative services to blind and severely disabled individuals; and Mississippi Industries for the Blind. OVRB also offers independent living services for the elderly and legally blind persons and persons with blindness and a significant secondary disability.

## Mississippi State Department of Education

The Mississippi State Department of Education operates both the Mississippi School for the Blind and School for the Deaf. Legislative appropriations support both schools, requiring no tuition from parents or guardians.

### Mississippi School for the Blind

The Mississippi School for the Blind (MSB) provides residential and day programs to enhance the intellectual, social, physical, and vocational development of visually impaired children and youth. MSB provides its students the training they need for the fullest possible participation in a sighted world. Campus-based instruction programs include elementary and secondary education, a Prevocational Program, Deaf/Blind Programs, and a Life Skills Program. Children may enroll in campus programs at five years of age and continue their matriculation until the age of 21. MSB served a total of 80 students on the main campus during School Year 2001-2002.

The curriculum for elementary and secondary education meets graduation standards set by the State Board of Education and includes core and elective courses compatible with those offered by most public schools. It also includes specialized courses which address the particular needs of visually impaired students. The Life Skills Program provides instruction for students who will not earn a regular academic diploma. This program emphasizes skill development and equips students for independent living in society.

The pre-vocational program addresses the needs of children with visual impairments and additional disabilities. The program strives to provide appropriate services and curricula that are

designed to aid the students in reaching their highest potential for living and working as independently as possible within their local communities. The Deaf-Blind program delivers appropriate services for those students with dual sensory impairment of vision and hearing.

Other services MSB offers include the Jackson Central Lions Low Vision Clinic and the Mississippi Instructional Resources Center. The Low Vision Clinic provides consultative services for any child in Mississippi between the ages of birth and 21 years. The child must be a legal resident of the state and have a vision problem that cannot be corrected by prescription lenses alone. The program provides visual evaluation, loans for low vision aids, training and follow-up support in using these aids, and vision reports giving specific suggestions for parents and teachers. During the 2001-2002 school year, the Clinic served more than 147 students who were not enrolled at MSB. These students were from counties throughout Mississippi.

MSB also provides a Preschool/Homebased Early Intervention Program for any eligible child between birth and the age of five. The program provides services in the home, at no cost to the family, with the goal of properly preparing the visually impaired child for entrance into a classroom setting. Four certified vision teachers served 52 children during 2001-2002.

Through its Mississippi Instructional Resources Center, MSB provides large print and Braille textbooks to visually impaired students enrolled in public and private schools throughout the state. The Center served 224 students residing in 75 different school districts during the 2001-2002 school year.

The Outreach Program provides inservice training to teachers, teaching assistants, administrators, and other service providers of local school districts and agencies. During the 2001-2002 school year, individuals from 30 school districts or agencies were served. Additionally, MSB provides informational training as part of community services training offered by various medical training programs in the Jackson area. The Program served 241 individuals in school year 2001-2002.

The MSB not only provides for the education of its students, but also provides housing, meals, and basic health care for those students who live in the dormitories. Every effort is made to assure a pleasant home-like atmosphere in the attractive new dormitories. Students are under the supervision of Residential Education Parents at all times. Senior level students spend at least one semester in the independent living house, which allows them to experience more real life situations and helps to foster decision-making and independent living.

Students have opportunities to participate in and enjoy a variety of activities, both on the campus and at other locations in and near Jackson. Favorite after-school activities of MSB students include skating, shopping, playing, and attending sports activities. Parties and other programs are provided for each special occasion, many through the efforts of volunteer organizations and friends.

#### Mississippi School for the Deaf

The Mississippi School for the Deaf (MSD) provides all hearing impaired students an opportunity to reach their fullest potential educationally, physically, socially, emotionally, and vocationally. Students reach this goal through involvement in academic, vocational, residence, and support service programs. MSD attains this goal by helping the hearing impaired student overcome communication barriers.



MSD provides a residential/day school setting to serve the educational needs of hearing impaired students from birth to age 21. Students from birth through three years of age receive services in their homes through the Ski-Hi program, which prepares hearing impaired children for entrance into a classroom. Fifty-two students participated in the program during 2002-2003. The pre-school/kindergarten program serves students from three through six years of age. Seven students participated in this program during 2002-2003.

MSD enrollment during 2002-2003 included 59 students in the elementary school program, 61 students in the junior high school program, and 27 students in the high school program. Placement of students within the academic program depends on communication and academic ability rather than age. Therefore, the transition ages within the academic and residence programs may differ among students.

High school students may pursue vocational, academic, or certificate programs. Vocational students receive certification in the chosen area upon completion of requirements. The vocational programs involved 27 students during 2002-2003. Programs include graphic and print communications, food services, grounds maintenance/horticulture, and business technology.

Academic programs follow State Department of Education guidelines. MSD follows a state testing program, coordinated by the Academic Guidance Counselor, which provides information concerning a student's academic ability in comparison with hearing-impaired students.

The residence program provides development of study skills, set study hours, development of social skills, and development of communication skills. Most students come from homes where family members have little or no formal signing skills. The school also provides a student work program which gives students the opportunity to work for local businesses. The student receives compensation and gets a better insight into the world of work.

Both the residence and academic programs use a support services program, which provides assessment, speech, audiology, social welfare, and counseling services. A special coordinator helps each student through an Individualized Educational Program and encourages parents to become actively involved in their child's education.

MSD provides students the opportunity to participate in such activities as Student Council, yearbook committee, and various clubs. The school also offers an athletic program based on requirements of the Mississippi High School Activities Association and including football, basketball, track, cheerleading, and volley ball.

### **The Need for Comprehensive Medical Rehabilitation Services**

A total of 280 Level I and 145 Level II rehabilitation beds are operational or have CON approval in Mississippi. Map XII-1 at the end of this chapter shows the location of all CMR facilities in the state. The state as a whole serves as a single service area when determining the need for comprehensive medical rehabilitation beds/services. Based on the bed need formula found in the criteria and standards section of this chapter, Mississippi currently is over bedded with Level I beds. However, one additional Level II CMR bed is needed.

## **The Need for Children's Comprehensive Medical Rehabilitation Services**

No universally accepted methodology exists for determining the need of children's comprehensive medical rehabilitation services. The bed need methodology in the previous section addresses need for all types of comprehensive medical rehabilitation beds, including those for children.

**Certificate of Need  
Criteria and Standards  
for  
Comprehensive Medical  
Rehabilitation Beds/Services**

**Should the Mississippi State Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi State Department of Health.**

**Policy Statement Regarding Certificate of Need  
Applications for Comprehensive Medical Rehabilitation  
Beds/Services**

1. Definition: Comprehensive Medical Rehabilitation Services provided in a freestanding comprehensive medical rehabilitation hospital or comprehensive medical rehabilitation distinct part unit are defined as intensive care providing a coordinated multidisciplinary approach to patients with severe physical disabilities that require an organized program of integrated services. These disabilities include: stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, fractures of the femur (hip fracture), brain injury, polyarthritis, including rheumatoid arthritis, or neurological disorders, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.
2. Planning Areas: The state as a whole shall serve as a single planning area for determining the need of comprehensive medical rehabilitation beds/services.
3. Comprehensive Medical Rehabilitation Services:
  - Level I - Level I comprehensive medical rehabilitation providers may provide treatment services for all rehabilitation diagnostic categories.
  - Level II - Level II comprehensive medical rehabilitation providers may provide treatment services for all rehabilitation diagnostic categories except: (1) spinal cord injuries, (2) congenital deformity, (3) major medical trauma, (4) brain injury, and (5) neurological disorders, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.
4. CMR Need Determination: The Mississippi State Department of Health shall determine the need for Level I comprehensive rehabilitation beds/services based upon a formula of 0.08 beds per 1,000 population for the state as a whole.

The Mississippi State Department of Health shall determine need for Level II comprehensive medical rehabilitation beds/services based upon a formula of 0.0489 beds per 1,000 population for the state as a whole. Table XII-1 shows the current need for comprehensive medical rehabilitation beds.
5. Present Utilization of Rehabilitation Services: When reviewing CON applications, the MSDH shall consider the utilization of existing services and the presence of valid CONs for services.
6. Minimum Sized Facilities/Units: Freestanding comprehensive medical rehabilitation facilities shall contain not less than 60 beds. Hospital-based Level I comprehensive medical rehabilitation units shall contain not less than 20 beds. If the established formula reveals a need for more than ten beds, the MSDH may consider a 20-bed (minimum sized) unit for approval. Hospital-based Level II comprehensive medical rehabilitation facilities are limited to a maximum of twenty (20) beds. New Level II rehabilitation units shall not be located within a forty-five (45) mile radius of any other CMR facility.

7. Expansion of Existing CMR Beds: Before any additional CMR beds, for which CON review is required, are approved for any facility presently having CMR beds, the currently licensed CMR beds at said facility shall have maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period or at least 70 percent for the most recent two (2) years.
8. Priority Consideration: When reviewing two or more competing CON applications, the MSDH shall use the following factors in the selection process, including, but not limited to, a hospital having a minimum of one hundred sixty (160) licensed acute care beds as of January 1, 2000; the highest average daily census of the competing applications; location of more than forty-five (45) mile radius from an existing provider of comprehensive medical rehabilitation services; proposed comprehensive range of services; and the patient base needed to sustain a viable comprehensive medical rehabilitation service.
9. Children's Beds/Services: Should a CON applicant intend to serve children, the application shall include a statement to that effect.
10. Other Requirements: Applicants proposing to provide CMR beds/services shall meet all requirements set forth in HCFA Publication #7, *Provider Certification State Operations Manual*, Section 3011-3108, as applicable, except where additional or different requirements, as stated in the *State Health Plan* or in the licensure regulations, are required. Level II comprehensive medical rehabilitation units are limited to a maximum size of twenty (20) beds and must be more than a forty-five (45) mile radius from any other Level I or Level II rehabilitation facility.
11. **Enforcement: In any case in which the MSDH finds a Level II Provider has failed to comply with the diagnosis and admission criteria as set forth above, the provider shall be subject to the sanctions and remedies as set forth in Section 41-7-209 of the Mississippi Code of 1972, as amended, and other remedies available to the MSDH in law or equity.**
12. Effective July 1, 1994, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c), unless there is a projected need for such beds in the planning district in which the facility is located.

### **Certificate of Need Criteria and Standards for Comprehensive Medical Rehabilitation Beds/Services**

The Mississippi State Department of Health will review applications for a Certificate of Need for the establishment, offering, or expansion of comprehensive medical rehabilitation beds and/or services under the statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code 1972, Annotated, as amended. The MSDH will also review applications for Certificate of Need according to the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi State Department of Health; and the specific criteria and standards listed below.

In addition, comprehensive rehabilitation services are reviewable if the proposed provider has not provided such services on a regular basis within twelve (12) months prior to the time such

services would be offered. The twenty (20) bed hospital-based comprehensive medical rehabilitation facilities which are operational or approved on January 1, 2001, are *grandfathered* and shall not be required to obtain a Certificate of Need as long as the services are provided continuously by those facilities and are limited to the diagnoses set forth below for Level II comprehensive medical rehabilitation facilities.

1. **Need Criterion:**

- a. **New/Existing Comprehensive Medical Rehabilitation Beds/Services:** The need for Level I comprehensive medical rehabilitation beds in the state shall be determined using a methodology of 0.08 beds per 1,000 population. The state as a whole shall be considered as a single planning area.

The need for Level II comprehensive medical rehabilitation beds in the state shall be determined using a methodology of 0.0489 comprehensive medical rehabilitation beds per 1,000 population. The state as a whole shall be considered a planning area.

- b. **Projects which do not involve the addition of any CMR beds:** The applicant shall document the need for the proposed project. Documentation may consist of, but is not necessarily limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans (duly adopted by the governing board) recommendations made by consultant firms, and deficiencies cited by Accreditation Agencies (JCAHO, CAP).
- c. **Projects which involve the addition of beds:** The applicant shall document the need for the proposed project. Exception: Notwithstanding the service specific need requirements as stated in "a" above, the MSDH may approve additional beds for facilities which have maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period or at least 70 percent for the most recent two (2) years.

2. Applicants proposing to establish Level I comprehensive medical rehabilitation services shall provide treatment and programs for one or more of the following conditions:

- (a) stroke,
- (b) spinal cord injury,
- (c) congenital deformity,
- (d) amputation,
- (e) major multiple trauma,
- (f) fractures of the femur (hip fracture),
- (g) brain injury,
- (h) polyarthritis, including rheumatoid arthritis, or
- (i) neurological disorders, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.

Applicants proposing to establish Level II comprehensive medical rehabilitation services shall be prohibited from providing treatment services for the following rehabilitation diagnostic categories: (1) spinal cord injury, (2) congenital deformity, (3) major multiple trauma, (4)

brain injury, and (5) neurological disorders, including, but not limited to, multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.

Facilities providing Level I and Level II comprehensive medical rehabilitation services shall include on their *Annual Report of Hospitals* submitted to the MSDH the following information: total admissions, average length of stay by diagnosis, patient age, sex, race, zip code, payor source, and length of stay by diagnosis.

### 3. Staffing and Services

#### A. Freestanding Level I Facilities

- (1) Shall have a Director of Rehabilitation who:
  - (a) provides services to the hospital and its inpatient clientele on a full-time basis;
  - (b) is a Doctor of Medicine or Osteopathy licensed under state law to practice medicine or surgery; and
  - (c) has had, after completing a one-year hospital internship, at least two years of training in the medical management of inpatients requiring rehabilitation services.
- (2) The following services shall be provided by full-time designated staff:
  - (a) speech therapy
  - (b) occupational therapy
  - (c) physical therapy
  - (d) social services
- (3) Other services shall be provided as required, but may be by consultant or on a contractual basis.

#### B. Hospital-Based Units

- (1) Both Level I and Level II hospital-based units shall have a Director of Rehabilitation who:
  - (a) is a Doctor of Medicine or Osteopathy licensed under state law to practice medicine or surgery;
  - (b) has had, after completing a one-year hospital internship, at least two years of training or experience in the medical management of inpatients requiring rehabilitation services; and
  - (c) provides services to the unit and its inpatients for at least 20 hours per week.
- (2) The following services shall be available full time by designated staff:
  - (a) physical therapy
  - (b) occupational therapy
  - (c) social services



- (3) Other services shall be provided as required, but may be by consultant or on a contractual basis.

**Certificate of Need Criteria and Standards  
for Children's Comprehensive Medical Rehabilitation Beds/Services**

Until such time as specific criteria and standards are developed, the MSDH will review CON applications for the establishment of children's comprehensive medical rehabilitation services under the general criteria and standards listed in the *Mississippi Certificate of Need Review Manual* in effect at the time of submission of the application, and the preceding criteria and standards listed.

**Comprehensive Medical Rehabilitation  
Bed Need Methodology**

The determination of need for Level I CMR beds/services will be based on .08 beds per 1,000 population in the state as a whole for the year 2005. Table XII-1 presents Level I CMR bed need.

The determination of need for Level II CMR beds/services will be based on 0.0489 beds per 1,000 population in the state as a whole for the year 2005. Table XII-1 presents Level II CMR bed need.








**Table XII-I  
Comprehensive Medical Rehabilitation Bed Need  
2005**

<b>Level</b>	<b>Estimated Population 2005</b>	<b>Number Licensed/ CON-Approved CMR Beds</b>	<b>Number of CMR Beds Needed</b>	<b>Difference</b>
Level I	2,991,488	280	239	-41
Level II	2,991,488	145	146	1









Source: Applications for renewal of hospital license for Calendar Year 2003 and Fiscal Year 2002 Annual Hospital Report.

# Map XII-1 Location of Comprehensive Medical Rehabilitation Facilities Level I and Level II

## Level I

-  Baptist Memorial Hospital  
DeSoto County - 30 Bed Unit  
Level I
-  Blair E. Batson  
Children's Hospital at UMC  
25 Bed Unit  
Level I
-  Delta Medical Center  
16 Bed Unit  
Level I
-  Forrest General  
Hospital - 20 Bed Unit  
Level I
-  Memorial Hospital at  
Gulfport - 33 Bed Unit  
Level I
-  Mississippi Methodist  
Hospital and Rehabilitation  
Center - 80 Bed Unit  
Level I
-  North Mississippi  
Medical Center - 60 Bed Unit\*  
Level I

## Level II

-  Baptist Memorial Hospital -  
North Mississippi - 13 Bed Unit  
Level II
-  Greenwood Leflore Hospital  
20 Bed Unit  
Level II
-  Magnolia Regional Health  
Center - 13 Bed Unit  
Level II
-  Natchez Regional  
Medical Center  
20 Bed Unit  
Level II
-  Northwest  
Mississippi  
Regional Medical  
Center - 14 Bed Unit  
Level II
-  Riley Memorial Hospital  
20 Bed Unit  
Level II
-  River Region Health System  
25 Bed Unit  
Level II
-  Southwest MS Regional  
Medical Center - 20 Bed Unit  
Level II

\* 30 Operational; 30 CON Approved  
Source: Mississippi State Department of Health

